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Communications.

BIOGRAPHICAL SKETCHES

OF

Distinguished Living New York Surgeons.

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No. 1.

Valentine Mott.

Valentine Mott, M. D., LL. D., etc., etc., an eminently distinguished American Surgeon, was born at Glen Cove, Oyster Bay, Long Island, August 20th, 1785; and, though seventy-nine years of age, continues to lecture and practice with renewed vigor and becoming skill. His father, Dr. Henry Mott, a native of Hempstead, L. I., and descended from Adam Mott, was born in 1757, and educated under the supervision of Dr. Samuel Bard. He practiced medicine for many years in the City of New York, and died at the advanced age of eighty-three.

Valentine, his only surviving son, at the present time, first received the elements of a classical foundation, from a private instructor, at Newtown, L. I., where he continued till 1804, when he entered Columbia College for the purpose of attending a full course of medical lectures. During that period young Mott also entered the office of his relative, Dr. Valentine Seaman, and became a student in practical earnest. Being graduated M. D. in 1806, he proceeded almost immediately to Europe. The facilities for acquiring accurate information and clinical experience in this city, being almost altogether confined to jails, almshouses, and prison-ships, besides being under the supervision of unprincipled, ignorant politicians, who, in most cases, sacrificed the lives of the diseased to the acquirement of unmerited gains. Proceeding at once to London he devoted all his energies, with untiring zeal, to the imbibition of a thorough knowledge of bedside surgery and therapeutical science. Visiting, with never-tiring interest and marked faithfulness, St. Thomas', Bartholomew's and Guy's Hospitals, under the personal supervision of the celebrated Abernethy, the acute and fascinating Sir Charles Bell, and the bold and successful Sir Astley Cooper, he continued his investigations. The latter gentleman being his preceptor in the respective branches of anatomy and surgery. In the medical department, Currie, the propounder of original thoughts, roused the ambition of the young physician; while the views of Haighton relative to the parturient female and the infirmities of women and children, peculiarly influenced the train of his mind.

At Edinburgh Dr. Mott attended the lectures of those best qualified to teach; and especially did he listen to Hope, Playfair, and Gregory, whose lectures on chemistry, philosophy and the practice of medicine were of wide repute. Dugald Stewart, justly renowned for his profound remarks, also instilled into his retentive mind many precepts that proved of lasting benefit in after years.

Even while abroad the young American surgeon's intrepidity and coolness in operations, invariably attended with the most promising results, pre-eminently qualified him to meet with a warm reception from his appreciative countrymen; and, accordingly on his return to the United States, in 1809, he was at once called to fill the chair of surgery in Columbia College. This responsible position he held with credit to himself and honor to his native land, till that institution was merged into the College of Physicians and Surgeons in 1813, of which Dr. Samuel Bard was President. Here he continued as professor until the year 1826; but difficulties arising with the trustees and professors on principles of collegiate government he resigned, withdrew from that school and founded with his able associates Drs. Hosack, Mitchell, Francis, and others, another nucleus of learning designated "Rutger's Medical College," which, though possessed of the first talent in the country, continued in existence but four years. The charter having been disputed, the Legislature, in no slight degree influenced by painstaking enemies, vetoed its further movements.

Since 1830 Dr. Mott has, with unceasing labor, devoted his time to lecturing in the College of

Physicians and Surgeons, and subsequently before the University Medical College as professor of surgery and relative anatomy—of which latter branch of science he is the founder—where he is still (1864) fulfilling his mission as Ex-President of the Faculty and Emeritus Professor. The vast reputation which Dr. Mott enjoys throughout the world is mainly due to his original operations as a surgeon; his bold carefulness and self-possession when undertaking that which was entirely new, and his great success in rescuing from prolonged torture the victims of a morbid growth. Many a time has the young anatomist been called upon to perform, at midnight, by the flickering aid of a tallow candle, or the musty light of a muffled lamp, operations not only difficult in themselves and dangerous to the patient, but without any other assistants than that of excited relatives, or ignorant friends. Such operations as that for hernia, the ligation of a lacerated artery or the performance of tracheotomy have not only been attended with complete success but afforded instant relief to the sinking sufferer.

So intent was the young professor on practical improvement; so desirous was he of a solid foundation on which to base his knowledge of relative anatomy; that, in the very face of unyielding prejudice and penal laws of an unbending character, he determined to follow out the course of nerves, pursue the ramifications of innosculating blood-vessels and in every way strengthen his mind and revive his memory by a thorough dissection of the concealed cadaver.

At this time it was imprisonment for many years to be found even with the limb of a dead man; and an infuriated mob would soon have lynched the offending student had he been but suspected. But this did not deter the zealous surgeon, fresh from the hospitals of London, from forming a scheme as bold as it was dangerous, and adding in magnified colors a thrilling romance to the painful details of a midnight feat.

One dark and gloomy evening when all around was still, and the few patrolmen on their beat alone betrayed the evidence of man's existence, Dr. Mott, not yet quite thirty, dressed in the clothes of some poor workman, seated on a cart, drove out of town and met, at the appointed hour, those who entered fully into this rash business. Pulling up at the side of a field he waited patiently till eleven bodies had been stowed away carefully in this unique hearse and concealed by an appropriate clothing suggestive of a different load. Then, not in company with other braves nor followed by a single friend, but solitary and alone, at dead of night, at the imminent risk of life and reputation, young Dr. Mott drove through the half-lit lanes, down Broadway to Barclay street, to the Medical College, where efficient aid soon relieved him of a load of care. This bold exploit is not only indicative of the Doctor's energy and desire for learning, but especially is it a proof of his indifference to danger or rather willingness to incur risk of a personal nature to obtain a ripe reward. Moreover had he been detected in the act of purloining or in any way carrying off bodies for dissection, his life not only might have been sacrificed, but a name, tarnished by the opprobrious epithets of an unenlightened community, would have caused more exquisite suffering than the severest physical torture of an injured frame. This same fearlessness, when surrounded by pestilential fevers and contagious diseases, while in the performance of his rounds of duty, has ever marked the career of one of the busiest men of modern times. It is nothing to work hard for several years and then subside with or without a fortune; but to keep it up from youth to hoary age is creditable indeed, and worthy of emulation.

Later in life, when Dr. Mott visited Paris, he was invited to witness a private operation at the residence of the patient, by the attending surgeon. It was to be the removal of a formidable, malignant tumor of the neck involving the deep jugular vein and presenting many characteristics that warned the careful and conscientious practitioner. The operation was commenced; and Dr. Mott informed me that never in the whole course of his life had he seen anybody but a butcher cut as did this Frenchman. The consequence was that in a short time the deep jugular was severed. Dr. Mott instantly placed his finger on the vein and stayed the flow of blood. Again, in a few minutes the jugular was cut a second time, and, as the patient was an old gentleman and by these two successive accidents had lost much blood, a small portion of the tumor was cut off, the hole filled in with lint and the patient left. About a week after Dr. Mott met the surgeon who had performed this operation and asked him how his patient was. He shrugged his shoulders turned his head on one side and said gravely: "Oh yes! poor old fellow, he grew pious all of a sudden and died!" What a remark for one of the first surgeons of Paris to make!

Dr. Mott is the originator, in the United States, of clinical instruction in surgery or bedside practice as demonstrated to the students of medicine. As early as the year 1818, when but thirty-three years of age, he placed a ligature around the bracheo-cephalic trunk or arteria innominata, only two inches from the heart, for aneurism of the right subclavian artery, for the first time in the history of surgery. The patient survived the operation twenty-eight days, thereby indicating

the feasibility of so hazardous and unparalleled an undertaking. What is most remarkable to the practitioner seemingly inconsistent with the laws of circulation is the discovery made by the operator; for Professor Mott states that though all apparent supply of blood-vessels was cut off from the right arm, pulsation could be distinctly felt in the radial artery, and the limb in no way presented the slightest evidence of sphacelation. On the twenty-fifth day, however, secondary hemorrhage having taken place the life of the patient was speedily terminated. This operation is alone worthy of proclaiming Dr. Mott the Napoleon of surgery.

In the year 1828 he exsected the entire right clavicle for malignant disease of that bone, where it was necessary to apply forty ligatures, expose the pleura, and look for arteries displaced to an almost incredible degree by the abnormal growth of a cancerous tumor. In speaking of this operation Dr. Mott, himself, asserts that it is the most dangerous and difficult that can be performed upon the human body. Though many surgeons, possessed of the most ungenerous impulses, have sought to rob him of this his Waterloo operation, a priority of thirty years is sufficient evidence in favor of his pre-eminence. The patient is still living and enjoys perfect health, being able to fulfil in the most satisfactory manner the duties of a pastor.

Dr. Mott was the first to tie the primitive iliac artery for aneurism successfully. He has tied the common carotid artery forty-six times; cut for stone one hundred and sixty-five times, and amputated nearly one thousand limbs. He early introduced his original operation for immobility of the lower jaw in 1822, and succeeded after many eminent surgeons had been consulted and failed.

In 1821 he performed the first operation for osteo-sarcoma of the lower jaw. He is the first surgeon who removed the lower jaw for necrosis; and, notwithstanding his advanced age continues to fulfil the duties of a lecturer and practitioner with a vigor and clearness as astonishing as his reputation is deservedly great. Truly might Sir Astley Cooper exclaim, "He has performed more of the great operations than any man living, or that ever did live."

(To be continued.)

Cleansing Chemical Ware.

It is stated in the last published volume of the American Pharmaceutical Association, that the bran from buckwheat is superior to alkalies for cleansing glass and chemical ware from fat-balsams, etc. If strongly adherent, the vessel should be rinsed with hot water—some water is left in the vessel, and a sufficient quantity of bran thrown in and the whole shaken together.

SUGGESTIONS CONCERNING AURAL MEDICINE.

By Morris Kendall, M. D.,
Of Washington, D. C.

Is it really true that a rational theory of aural medicine is either entirely impossible, or, at least, not possible as yet?

Why could not an otoscope constructed according to the laws of optics, present to us as faithful an image of the membrana tympani as the Speculum Oculi by Helmholtz, and others, does of the retina?

Why should not a stream of air introduced by means of the catheter into the tympanic cavity reveal to our ear its pathological condition as well as auscultation indicates that of the lungs! Why should not the *objective* phenomena of hearing have the same significancy for the diagnosis of dysacoia, as presbyopia and myopia have in ophthalmiatria?

These and similar questions every physician, who cares for the harmonious development of all the various branches of his science must have asked himself more than once.

If the following propositions are true, viz.: that the more the histologist, with the aid of the microscope, enters into the finer structure of the tissues; that the more the physiologist, by experiments and by comparative anatomy, demonstrates the functional meaning of this finer structure, that the more the pathologist, by means of his scalpel, learns to understand the pathologico anatomical changes of the morbid tissues, and consequently also the normal and abnormal *vis medicatrix naturæ*, the more also should the therapeutics find ways and means to prevent the degenerations of the tissues, and to restore their normal functions; if the above proposition be true, then it would seem that the time has indeed arrived for a rational theory of aural medicine.

The anatomy of the auditory organs has at all times been a favorite subject with the greatest anatomists Scarpa and Soemmering have gained by it their immortal fame, and others have continued their researches, and quite laterly Toynbee has explored the structure of the tympana membrane and Corti that of the inner ear.

Whoever, therefore, asserts that our anatomical knowledge of the ear is not yet sufficiently advanced to meet the demands of the therapeutist only betrays his own ignorance of the subject. In the physiology of the organ of hearing by the German physiologist, Johannes Muller*, we have a work which gives us the clearest possible information concerning the meaning of the different part

* A transaction by Wm. Baily, M. D. Published by Lea & Blanchard, 1843.

of the organ. With perfect consistency he designates the membrana tympani as the principal cause of dysacoia. The latest discoveries in the pathological anatomy of the ear have only tended to confirm the truths of his "physiology." Toynbee, the great champion for the pathological anatomy of the organ of hearing, has published the following startling results of an examination of nearly six hundred cases of dysacoia. More than two hundred times dysacoia proceeded from a structural change in the tympanic membrane; more than three hundred times from a structural change in the mucous membrane of tympanic cavity. Wilde, in examining two hundred cases found only twenty in which the membrana tympani was normal.

Among the six hundred cases examined by Toynbee there were only twenty where the Eustachian tube was obstructed, and only twenty in which there were any demonstrable changes in the labyrinth; nevertheless, obstructions of the Eustachian tube have been and still are the hobby of aural practitioners. Fully one-third of all cases of dysacoia proceed directly or indirectly from otorrhœa. The latter often exists for years without a decrease of hearing, so long as it merely seizes the external surface of the membrana tympani. But often it penetrates more deeply, it macerates the middle fibrous stratum of the elastic membrana tympani, perforates the mucous membrane of the tympanic cavity and when left to itself forms concretions and pseudoplasmas.

Whoever follows the history of aural medicine with an attentive mind, can hardly doubt but that it too approaches a crisis.

Can there be a more convincing proof of the importance of the membrana tympani than the discovery simultaneously made by Yearsley and Toynbee that dysacoia can be cured, as it were, miraculously by a simple mechanical tension of the relaxed membrana tympani? Another cause of dysacoia is the too great contraction of the fibres of the same stratum.

It is in vain that aurists in the abhorrence of the knife, have recourse to baths and vapors. They are compelled to acknowledge the sovereign of modern surgery, the bistoury, and to put an end to the contracted state of the membrana tympani by making a longitudinal incision. Not many years will pass away before we shall perform the same operation on the membrana tympani which we do in the case of glaucoma.

Everything goes to show how very liable to disease is the membranous acoustic apparatus of the ear, and how very rarely the nervous acusticus and the labyrinth have anything to do in the matter.

In spite of this smiling future and this beautiful prospect of a rational theory of aural medicine, he who fights for its recognition must always retain a consciousness of the limits of his endeavors. If the greatest medical genius should take up the cause, and should form the most accurate diagnosis, he would still be unable to satisfy the requirements of the physicians and the public of his age.

Both judge of the novice only from his therapeutic successes, which must necessarily at first fall short of sanguine expectations. For his principal object cannot be to decimate the host of already existing cases of deafness by curing old ones, but rather to prevent new cases by cutting off the sources of deafness. And how can he consciously accomplish his task?

Dysacoia is accompanied either by excessive or defective secretions in the membranes of the meatus auditorius. As already remarked, fully one-third of all cases of deafness commence with otorrhœa which mostly left unnoticed, is apt to give rise to hypertrophy, induration, degeneration, pseudoplasmas and adhesions. Surely it cannot enter the mind of a rational surgeon to attempt a rational cure of structural alterations of twenty years standing. When the time has arrived for healing twenty years old adhesions of the pluræ, then, but no sooner, one may attempt in an analogous manner to heal adhesions of the membrana tympani to the promontory. These are at present the limits of aural medicine.

The aim of a physician must be to prevent otorrhœa and he will attain his aim, when he can prove to his colleagues in a practical manner that in cases of scarlatina otorrhœa can be instantly suppressed and without the slightest pain by the administration of acetate of lead in maximum doses. It is possible that out of one hundred cases of otorrhœa five may not be suppressed, but why should we make a rule of what is merely an exception? If, in the midst of the process of the molbelli, a granulosis blepharophthalmia with copious secretion takes place, we surely do not dream of promoting it by chamomile-tea; but instinctively we have recourse to styptic. If we left every granulous blepharophthalmia, which is the sister of otorrhœa to the course of nature, eye diseases would spring up like fungi.

"Therefore notice and suppress in time every otorrhœa as something superfluous and the army of the deaf will die with thirst being deprived of water."

And vice versa, it cannot enter the mind of a rational aurist to cure a parchment-like desiccation of the external meatus and of the tympanic membrane, to restore long suppressed secretions

by magical arts, and to change visible atrophies of the tympanic membrane, etc., etc., his task will always be to demonstrate again and again that a normal secretion of the membranes of the acoustic organ is absolutely indispensable for a normal hearing, and that therefore every rheumatism of the ear ought to be carefully noticed and not left to the mere *vis medicatrix naturæ*. The latter may, indeed, in some cases be strong enough to overcome her foe but more often she has not power enough and our well meant assistance comes too late.

At present aural medicine in this country is in the hands of a few so-called aurists, the greater number ignorant pretenders, quacks in the very highest sense of its meaning, and this is precisely the misfortune. It would be very foolish, when the materials of medical science are so immense, to expect of every physician that he should be an experienced aurist, no more than you can demand of every physician that he should with facility operate on glaucoma and diagnosticate with the ophthalmoscope cases of meningitis and other cerebral affections.* Can you expect him to catheterize easily the Eustachian tube, and to recognize the slightest changes in the membrana tympani. But in the same way as every surgeon is required to distinguish a fully developed cataract and to treat an inflammation of the eye, so every surgeon is expected to distinguish nervous from mechanical dysacoia and to be able to examine with the otoscope, at least, the *meatus externus* up to the membrana tympani. For this a clinical public course of instruction is absolutely indispensable. And surely it does no great honor to the various really learned universities of your city and other medical institutes that they have not hitherto done anything to encourage or to diffuse aural knowledge.

Apart from the interest of science such a course of instruction would not only awaken a love for aural science but would in my opinion be a victorious weapon against charlatanry carried on by aural *commis voyageurs* and resident pretenders styling themselves aurists. Let an aural clinic be established and made known through the medical journals who should open their columns to every otiatrical article and aural science would soon attain as high a degree of development in America as it claims to hold in France, Germany and England.

Prof. Wm. Byford of Lind University, Chicago, has a new work in a forward state of preparation, on "Chronic Diseases and Displacements of the Uterus."

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* See the able articles on that subject in Nos. 2 and 6 of the American Journal of Ophthalmology, edited by J. Hoberman, M. D.

Hospital Reports.

Jefferson Medical College,
April 27, 1864.

Surgical Clinic of Prof. S. D. Gross, M. D.

Reported by *Dr. Wm. H. Bartles.*

The first patients brought before the class to-day, were two boys, upon whom Dr. Gross had previously operated, on different occasions, for urinary calculi. Their history is as follows:

Frank, aged eight years, a native of Philadelphia, was first seized with urgent symptoms four years ago, when, upon rising one morning, he was unable to pass his water. This was probably caused by spasm of the neck of the bladder, from the presence of the offending body; and was temporarily relieved by the use of mucilaginous drinks. This irritability of the organ and retention of urine continued two years, when it was succeeded by incontinence in the form of a continual dribbling. This lasted for two years more—a source of suffering to the child, and of vexation to the mother, so trying, that she wisely consented that the cause of all the trouble should be removed.

On the 23d of March the lateral operation of lithotony was performed. In seven days the urine passed the natural way; and in less than a month the boy was at his play, having never experienced a single untoward symptom.

The calculus was of an avoidal shape, weighed two drachms and three grains, and was composed of uric acid.

Charles B., aged 15 years, is Irish by birth, but has been a resident of Mauch Chunk for the last ten years. He has a posterior curvature of the spine in the dorso-lumbar region, the result of badly treated Pott's disease.

He comes from a free-stone region, but it is still a mooted point, whether the use of lime-water has any agency in the production of urinary calculi. At any rate, several patients have been operated upon in this amphitheatre, who came from a similar locality.

Injury of the spinal cord, particularly when it involves the dorso lumbar portion of that structure, is extremely liable to be followed by phosphatic deposits.

The premonitory symptoms were much the same, as in the case above described, viz.: painful and frequent micturition, and an irritable state of the bladder: but the diagnosis in both instances was only confirmed by the metallic click elicited upon the introduction of a sound.

Both were subjected to a certain amount of preliminary treatment, but as they were in good health, it consisted merely in the administration of a dose or two of purgative medicine, abstinence for a few days from animal diet, and rest. Care was taken that the urine should be retained for several hours before the operation, and the alimentary canal was well cleared out the evening before.

After the administration of chloroform, while the limbs were held by two attendants, and the staff introduced and held by another, Professor Gross entered his knife just by the left side of the raphé, an inch and a quarter above the margin of the anus, and carrying it obliquely outward, by a single incision, he divided the skin and superficial fascia, the transverse muscle, triangular ligament, and enough of the membraneous portion of the urethra to introduce the tip of the index finger, which he gradually insinuated into the prostate gland and neck of the bladder.

After the staff was withdrawn, he introduced his lithotomy forceps along the upper surface of his finger, which was retained in the bladder, and seizing the stone by its long axis, he extracted it in less than a minute from the commencement of the operation in each case. The hemorrhage was very slight.

After carefully washing out the bladder with tepid water, the patients were put to bed in the College Hospital, and subjected to ordinary antiphlogistic treatment. In neither instance has a single unfavorable symptom arisen.

It is now five weeks since Frank was before the class. To-day he is perfectly recovered. The last patient will be able to go home on Saturday. He was operated upon April 13th, two weeks ago. The calculus was of a flattened, oval shape, very rough, and composed of uric acic, its weight being three drachms.

Sebaceous Tumor of Upper Eyelid.

Mary D., æt. 20, has a small tumor in the outer angle of the upper eye-lid. It is globular, soft, and doughy to the touch; gives no pain, and is only annoying from the deformity it occasions. It was observed soon after birth, and must have been congenital. The Professor has seen a number of such cases, and remarked that all tumors may have this early origin.

To which of the two great clases of tumors does it belong? That it is not malignant is proved by its long existence; its tardy growth, and the absence of pain which has accompanied its development. These are characteristic signs of benign formations. Its situation, mobility, the normal appearance of the skin, and absence of subcutaneous enlargement of the veins, shows it to be an enlarged sabaceous gland.

These tumors arise from some obstruction of the gland or cutaneous follicle, and the retention and gradual increase of the natural secretion of the part. The matter, in an altered state, presses every where upon the walls of the gland, and they become enlarged and hypertrophied.

The only remedy for them is thorough excision. This should be done in such a way as to leave as small a scar as possible, especially when the patient is a young lady and unmarried, as in this case. We must not carry our incision obliquely or vertically, but follow one of the natural creases so abundant here; thus there will be no disfigurement.

The Professor in this manner made a single incision, dissected the flaps off each side, and gradually loosened the morbid mass from its connections with the orbicular muscle. Care was taken not to cut or puncture the cyst, since its reproduction is inevitable, if a particle of the wall is left behind. Its contents were thick and whitish, like pus, and appeared to be the natural secretion altered by long retention. Hairs are also found in these cysts, though not in this case. They are probably those belonging to the part, intercepted by the closing of the natural outlet. For the after treatment, draw the parts carefully together by delicate interrupted sutures, and apply cold water.

General Atrophy.

Clara R., 8 years old, has an uncommonly interesting face, but you see her body is emaciated in a remarkable degree. The acromion processes and angles of the scapulæ stand out in bold relief; some of the muscles are entirely wasted away, and others are mere fibrous bands. The deltoid is gone, particularly on the left side, which seems to be most affected, but the muscles of the fore-arm are quite good, and those of the hand excellent; though somewhat contracted, as in club-foot. She cannot use her left hand, and the corresponding leg and foot are smaller than the other, yet she can use it the best of the two —which is a curious fact.

From the history of the case, we find she has been unwell since she was fourteen months old, when she was teething. At this time she had a small abscess in her neck, which was lanced, discharged for a short time and suddenly dried up. She never had convulsions, but there was complete paralysis of all the extremities. Children are often attacked in this way during dentition, in a sudden and unaccountable manner. The child goes to bed apparently well, but is waked up with jactitation and fever; upon trying to walk he is unable to use his legs; indeed all the voluntary muscles may be paralyzed as in this case; or only certain ones, particularly the deltoid. The cause usually depends on inflammation of the spinal cord and its membranes, followed by an effusion of lymph and serum. The activity of all the muscles is sustained by their supply of nervous influence; when this is cut off they waste away. The circulation is also lessened for the same reason.

Clara has, in a great measure, recovered the use of her limbs; her general health is excellent, and her mind active. All that we can do is to educate the muscles to act by a system of careful training; in the meanwhile using friction and shampooing, and subjecting her to general hygienic treatment. Give cod-liver oil and generous diet. Mercury in the earlier stages may be of benefit, given in small doses for a a long time, with the view of removing effused fluid.

Necrosis of the Lower Jaw.

Louisa B., æt 15, has a small teat-like projection on the lower jaw, opposite the first molar tooth. This peculiar formation wherever seen, always indicates the presence of necrosed bone. The tooth is very badly decayed, and though she says it has never ached, the history of the case informs us that she was annoyed last August by the formation of an abscess in this situation. The irritation arising from this, and the presence of the necrosed tooth, lighted up inflammation and ulcerative action in the jaw; the bone is softened and dead.

This tooth acts as a foreign body, and must be removed. The surgeon always takes away foreign substances—a ball from a gunshot wound, a calculus from the urinary bladder, or a spicula of dead bone wherever found. They act as irritants, exciting inflammation which may proceed to ulceration as in this case, or even to gangrene, unless we get rid of them.

Dr. Gross found some difficulty in extracting the tooth; he could get no hold upon it, as it was decayed to the root. He remarked that every surgeon should be able to pull teeth, especially those situated in remote regions. As a preliminary measure always separate the gum from the affected tooth. Nothing is better for doing this than a pocket-knife. The forceps deserves a decided preference for the purpose of extraction, though there are cases where the old fashioned key answers an excellent purpose. The periosteum of the tooth was very much softened and thickened. There had evidently been ulceration.

He enlarged the opening which always exists in these peculiar papulæ, and with a gouge scraped away a portion of the dead bone. It was very much softened, though the inferior maxillary bone is one of the hardest bones of the body; perhaps the hardest, except the petrous portion of the temporal bone.

Treat the patient antiphlogistically and let her return next clinic.

Inverted Toe-nails.

Sarah A. F., æt. 38 years, has had an inverted toe-nail, lasting for nine months; in this respect it differs from the patient operated upon last clinic day, whose case was a much older one. The toe was not so bulbous or enlarged; in other respects it presented precisely the same features, and was operated upon in the same way. The bleeding was quite profuse, but was venous in character, and will act beneficially. The same treatment was prescribed as in the last case.

Cancer of Lip.

J. F. is the man who was operated upon last week for epithelial cancer of the lip. The pins were removed on Saturday, three days after; the parts have perfectly united, and there has not been a single unfavorable symptom. The lip is very much tightened, but will gradually yield.

Editorial Department.

Periscope.

Diet in Diabetes.

Dr. Edward Smith concludes, in the *London Lancet*, some interesting observations on this subject with the following summary of the proper diet in diabetes:

1. *Fluids.*—To be limited by degrees daily until they shall not exceed five pounds and a half in both fluid and solid food. Of this quantity two to three pints should consist of new or skimmed milk, and one pint, or less, of tea. In the cold season and at night they should always be given when hot. Of all alcohols brandy is the best, and may be given with water only, or added to milk, or beat up with egg and milk, and given several times daily. No fluid should be given in greater quantity than half a pint at a time, and when milk is reduced in volume by cooking, the daily quantity of fluid must be made up by an additional supply of the same or other fluid.

2. *Solids.*—Dr. Prout's combination of eggs and milk (with sharps substituted for bran) is excellent. Four ounces of sharps and 4 oz. of peas, beans, or lentils may be made into bread or pudding, with milk, or into omelets with eggs and herbs. Eggs and gelatin may be given when starchy food cannot be altogether intermitted. Eggs, gelatin, cheese, gluten, bread, meat, fat, and oils, may be given as largely as they can be digested. The free use of salad oil should be urged, whether in the cooking of fish or flesh, or in the use of water-cress as a salad, or drunk alone, so that several ounces may, if possible, be consumed daily; but as there are in all persons preferences and dislikes in reference to particular fats, that kind—whether butter, suet, oil, or fat of meat—should be allowed which is the most agreeable. Four ounces of sharps, 3 oz. of wheaten flour, 5 oz. of peas, 1 lb. of meat, 2 oz. of cheese, 2 pints of milk, and 3 eggs, will afford more than about 18 oz. of carbon and 1 oz. of nitrogen daily.

Why Animals to be Eaten must be Killed.

It is universally understood that animals which die from disease are not fitted for our markets. It is also understood, that when cattle have been over-driven, their meat is notably inferior to that of healthy animals, unless they are permitted to recover their exhausted energies before being slaughtered. Why is this? The first and most natural supposition respecting those which die from disease is that their flesh is tainted; but it has been found that prolonged agony or exhaustion is quite as injurious, though in these cases there is no taint of disease. M. Claude Bernard propounds the following explanation. In all healthy animals, no matter to what class they belong, or on what food they subsist, he finds a peculiar substance analogous to vegetable starch, existing in their tissues, and especially in their liver. This substance, *glycogéne* or liver-sugar, is abundant in proportion to the vigor and youth of the animal, and disappears entirely under the prolonged suffering of pain or disease. This disappearance is singularly rapid in fish, and is always observed in the spontaneous death of animals. But when the death is sudden none of it disappears. In a rabbit, killed after suffering pain for five or six hours, no trace was found of this sugar-forming principle, and its flesh has a marked difference in flavor. The same remark applies to exhausted, over-driven animals; their muscles are nearly deficient in *glycogéne* and yields a decidedly larger per centage of water than muscle in normal condition. M. Bernard likewise finds that animals which are suffocated lose more of this sugar-forming substance than similar animals killed in the slaughter-house. To this let us add the fact, that the blood of over-driven animals will not coagulate, or coagulates very slowly and imperfectly; and we shall see good reason for exercising some circumspection over the practices of our meat-markets. (*Animal Scientific Discovery.*)

Absorbing Power of the Human Skin.

In a paper presented to the *Royal Society of Edinburgh*, Dr. Murray Thompson observes that for the last half century physiologists have maintained opposite opinions in reference to the absorbing power of the skin. Some contend that salts when dissolved in water and used as a bath, can readily be detected in the blood, while others hold that absorption under these circumstances never takes place. He dissolved in an ordinary warm bath a certain proportion of the iodide of potassium. The whole body was then immersed excepting the head and neck. The urine was then analyzed for the salt used, but he did not succeed in finding a trace of it. The same result was obtained when the bath had been rendered strongly alkaline by soda. The general conclusion drawn from fifteen experiments, are that though not denying that absorption of the skin of aqueous solution does take place, yet it seems the exception and not the rule. That medicated warm baths, whether natural or artificial, do not appear to owe any virtue they may have to the substances dissolved in them reaching the blood through the skin. At the same time, as there are other ways by which we can conceive such baths to operate on the system, it is not to be concluded that because absorption may not take place, such baths are useless as therapeutic agents.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 21, 1864.

HEALTH REFORM IN NEW YORK.

The prolonged contest in our sister city on the question of sanitary reform for many years past, the vigor with which it is still carried on, and the wide divergence in the statements of the friends and opponents of the measure respecting the condition of the city—its mortality—the competency of the officials and other collateral questions, have been often noticed in our pages, and excited the interest not only of our readers, but of the country generally. For full twenty years it has been asserted by the most intelligent of its citizens in and out of our profession, that New York is far below what it should and might be in reference to the health of its inhabitants; that there are numerous causes of sickness prevailing there which ought not to exist, requiring only ordinary intelligence and faithfulness in the administration of its sanitary affairs, to place it on an eminence for salubrity which would make it the envy of the country. It is claimed for the "Metropolis," as its people are fond of calling it, that for climatic position, local surroundings, geological structure, and facility of intercourse with all other sections, its advantages are unsurpassed, and that of course, its alleged insalubrity must be solely due to deficient government and internal mismanagement, to remedy which repeated essays have been made in vain, through either popular elections and legislative enactments.

It is further asserted that the expenses attending the present *insanitary* arrangements, inefficient, unscientific, and neglected as they are, are far beyond what would be necessary for a better, more effective, and thoroughly scientific system. This last charge we can easily credit, as we observe that the tax bill recently sanctioned by the Legislature authorizes the raising of nearly half a million of dollars for the Health Department, including the cleansing of the streets, and the salaries of the office-holders.

On the other hand these statements of excessive mortality and inefficiency of sanitary management are met by a strong denial, by another body of individuals, who as resolutely maintain not only that New York will compare favorably in point of healthfulness with the most favored cities of the world, but that its mortality is *below* that of those reputed the most salubrious.

Our columns have recently contained some tables prepared by the Register of Records of New York, which, if true, demonstrate that while the population of that city is growing more and more dense, and all the circumstances which are supposed essential to the health and general welfare are becoming less and less apparent,—in a word, as the laws of hygiene are more and more neglected the more healthful does the city become, and the smaller is the ratio of deaths.

Thus the tables alluded to stated that in 1851, with a population of 536,400, the deaths of children under one year were 6,661; while in 1863, twelve years later, in a population of 1,000,000, nearly double, the deaths under one year were only 6,118, or 543 less.

We confessed at the time our inability to discover the flaw, if any there is, in the statistics therein given, but that such an extraordinary statement can be true, we have our serious doubts, and are still of opinion that there is some miscalculation or omission in making up the returns, which a more careful scrutiny may correct or supply.

One thing must be borne in mind in considering these extraordinary statements, as well as all others emanating from the same quarter, viz.: that from the very nature of the organization which utters them there are strong reasons to consider them as indicated by *interested motives*. It is by the office-holders of the Health Department that they are put forth, a class of men who are declared by those whom we have regarded as competent judges, as utterly unfitted for the duties they have been appointed to discharge. In confirmation of this assertion, it is stated that there is but one man among the one hundred and fifty officials of the department, who lays any claim whatever to a medical education, and he is the Register of Records just alluded to, whose interests are those of his superior officers, who are said to be not only without any *professional*, but deficient even in ordinary *literary* education.

It is to this strong combination of office-holders,

with its large pecuniary and political influence, that the defeat of all attempts at true health reform heretofore attempted, are attributed, during the past ten years.

We are gratified to learn that this knotty question of the actual sanitary condition of New York is at length in the way of a probable solution, by another association of independent citizens, who have none but the purest motives. "The *Citizens' Association*," a numerous, wealthy, well-organized body, instituted with the view of effecting reform in all departments of the local government, have taken up the sanitary question in deep earnest, with a determination to probe the "foul ulcer," if it is one, to its very bottom. "A Council of Hygiene" has been instituted by them, which is now engaged in making a thorough examination of insalubrious quarters, by a body of paid medical inspectors, with instructions to report upon every case of pestilential disease of every kind that may be discovered. The thoroughness of these investigations may be judged by their adoption of the following:

PLAN OF INQUIRY AND RECORD.

I. To trace and record the Medical history of the sick person.

II. To ascertain and record facts relating to the family and other persons exposed to the patients and the causes of the malady.

III. To report the sanitary condition of the domicil.

IV. To report the statistics and sanitary condition of the population of that domicil.

V. To report upon the sanitary condition of the locality or neighborhood and its population.

VI. To preserve and make returns of these records.

VII. To prepare on the spot the necessary outlines or data for the sketching of a map or descriptive chart of the domicil, block, or locality.

VIII. To deposit these returns in the bureau of the Council of Hygiene as soon as practicable, and, as far as completed, to do this every Tuesday and Saturday.

This is the true mode, viz.: by personal inquiry by competent men, in the very localities of the diseases, at the time of their occurrence.

We may therefore soon expect to see the truth of the comparative sanitary condition of New York revealed to us, as it has never been before, and we can then judge of the necessity of those measures of reform which have so long and often been demanded and as often and long defeated.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, *April* 14, 1864.

Tetanus.

An English paper relates two singular cases of death from tetanus. It appears that two girls, ELIZABETH ROGERS and SARAH FUDGE, were employed in cutting and preparing rags for the mills, and both cut or scratched their fingers, and ROGERS had also slightly cut her thumb. Both were subsequently taken home ill, FUDGE dying on the 13th ult., and ROGERS on the 15th. Medical evidence proved that death in each case resulted from tetanus, which was caused through the cuts on the fingers. Mr. FRYER, surgeon, said if there had been anything noxious in the rags the deceased were cutting, he should have expected death sooner, it having happened four or five weeks after the accident. There was only one poison, strychnia, which would produce in any way tetanus, and that would be more rapid in its action.

It is well known that tetanus may follow the most insignificant scratch, in some instances, and in others cannot be produced by the most extensive laceration. Nothing certain has as yet transpired as to the real cause of tetanus. In dissections of this disease, slight effusions within the cranium and the medullary canal have been observed in a few instances, but in by far the greater number nothing particular has been discovered, either in the brain or any other organ. In some cases the blood is not found in coagula, but in a fluid state; this, however, seems to indicate only, that the whole muscular fibres of the arterial system had partaken of the general spasmodic action. BARON LARREY, in his examination of bodies of patients who had died of tetanus, states that he has found the pharynx and œsophagus much contracted, and their internal membranes red, inflamed, and covered with a viscid, reddish mucus. Others have found the intestines much inflamed, and in a few instances a yellow, waxy fluid of a peculiar offensive smell covering their internal surface. These, according to Professor GRISOLLE, of this city, are to be attributed to the effects of putrefaction, for it has been remarked that the bodies of tetanic patients run rapidly into corruption after death. The nerves have also been examined from the place of injury to their central termination, but nothing abnormal has been observed in any part of their course. Dr. APPIA, of Geneva, in his work "La Chirurgien à l'Ambulance," in accordance with Dr. MARSHALL HALL'S theory, attributes tetanus to morbid excess of the reflex action. It is plain that the spasmodic actions in this disease are not voluntary actions, and that they obey the same laws as the movements observed in an animal, or parts of an animal, not tetanic, under the influence of stimuli. It is equally plain that phenomena which depend upon excited

irritability, will not cease whilst that irritability remains unimpaired. Dr. Marshall Hall has shown by his experiments that the reflex function may be viewed as subsisting in its natural state, in its state of general excess, as in tetanus, hydrophobia, etc.; or failure, as in paralysis, and also in its state of momentary and partial excitement. This eminent physiologist is of opinion that tetanus results from injuries inflicted upon the extremities of certain nerves, by means of which the morbid influence is conveyed to the medulla, whence it is reflected through the motor nerves to the muscular system. He considers, also, risus sardonicus, certain forms of tremor, paralysis agitans, chorea, stammering, etc., as due to the reflex action being morbidly augmented. The main indication in the treatment of tetanus, is to take away whatever irritates the wounded nerve. As free lancing of the gums in dentition, sometimes the early division of the wounded nerve or amputation in tetanus, has at once checked the morbid affection.

Longevity.

At a sitting of the Academy of Sciences, M. Flourens, in adverting to the death of a woman at Rome, at the age of 122, remarked that instances of persons dying at the age of 100, and even 110, are not rare, and that he called the *normal* limit of life; but that as to the age of 122, he considered it the *extreme* limit, which, however, could not be fixed with great precision, owing to the scarcity of cases on record.

Medical Jurisprudence.

A trial has recently taken place at Aix, which excited considerable interest. A man by the name of Armand was accused of attempting to get rid of his domestic by strangulation. The medical evidence proved very contradictory, and showed how much progress medical jurisprudence has yet to make. Dr. Tardieu, Dean of the Faculty of Paris and Professor of Medical Jurisprudence, stated at the trial, that the insensibility the man was found in while lying in the cellar, was a mere feint, whilst other professors and physicians of eminence attributed it to real strangulation. Notwithstanding the verdict of the jury, which acquitted the accused, the case is still involved in some obscurity, and many minds entertain a doubt which may be thus expressed:—"Supposing that all was simulated by Roux—the blow on the nape, the ligatures of the feet, hands and neck—how can it be imagined that he voluntarily carried the deception so far as to almost kill himself? For, during the trial, no attempt was made to disprove the fact that he was nearly dead when found in the cellar. There lies the difficulty. The true solution seems to have been found. It is as follows: 'Any piece of common cord three feet long, when wetted, or merely left in a damp place for a few hours, will shrink as much as two inches, or one twentieth of its whole length. If a person puts a cord round each wrist just tight enough to keep close to the skin without pressing it, and then slightly wets one of the ligatures for a few minutes, and afterward compares it with the other, he will be struck with the difference between them. The dry cord will be found just as loose as at first, while the wetted one will be found almost buried in the flesh, and drawn so tight as to cause pain. If the two cords are taken off, the dry cord will have left no trace, but the wet one will be found to have made a deep and red mark. The application of these facts to the case of Maurice Roux is very simple. The cord which was passed several times round his neck was of course dry at the time; the humidity of the cellar and prolonged contact with the skin, which was probably moist with perspiration, must have insensibly tightened it, and brought on a commencement of strangulation, under which Roux fainted away.'"

The observation is ingenious. It is based on a physical experiment which any one can verify, and offers a natural solution of the most mysterious circumstance attending this memorable case. It was sent by telegraph to the President of the Court of Assizes, at Aix, but did not arrive in time to be mentioned in court.

Trepaning the Mastoid Process.

Dr. Follin has performed, some time since, the operation of trepanation of the mastoid process in a case of an abscess of the mastoid cells, brought on by inflammation of the tympanum and middle portion of the ear. The patient had had several attacks of throat disease, and no doubt the suppurated osteitis is to be attributed to the extension of the inflammation to the internal membrane of the cells rather than to osseous tubercles, or caries. This etiology is quite common. The symptoms observed are usually deafness, accompanied with suppuration of the meatus auditorius, lancinating pains, leading sometimes to fever and delirium, swelling and inflamed state of the mastoid region. The day after the operation, the otorrhœa and the pain had ceased, the pus exuding from the wound. Two months after, the patient was entirely cured.

Iritis.

Iritis is of two kinds, namely, the idiopathic and symptomatic, the latter proceeding either from diseases of the eye, or parts in its neighborhood, or from diseases of the system, such as syphilis, etc.; and the former from external injuries, such as blows, contusions, and wounds in the eyes, extraneous bodies of an irritating nature introduced under the eyelids, exposure to bleak winds and cold, little inflammatory tumors which rise on the eyelids, various acrid fumes acting as chemical stimuli, such as the smoke of pit coal, that of wood, turf, etc., the long application of a strong light, or fixed attention to minute objects. The symptoms are severe lancinating pain extending from the eyebrow to the orbit, and shooting thence through the globe of the eye toward the optic nerve, extreme impatience of light, and an extraordinary morbid sensibility of the eye. As the disease increases, the internal parts swell, and the vessels of the eye become not only increased in size, and turgid, but appear more numerous than in the natural state. Iritis is usually unaccompanied

by redness of the conjunctiva, but red vessels may be distinctly seen on the iris, at least on its anterior surface. This membrane loses its brilliancy, and from its natural color changes to that of a reddish or greenish hue. In the treatment of this affection, the antiphlogistic system, carried to its full extent, sometimes proves sufficient to bring about a cure, but in many instances does not succeed in arresting the progress of this severe disease. The extracts of belladonna and stramonium have been found immensely serviceable for preventing the obliteration of the pupil, which sometimes occurs from the lymph being deposited upon the outer surface of the iris in one or more spots, and going so far as to fill the anterior chamber. In the treatment of sympathetic iritis, Dr. TAVIGNOT performs the operation of iridectomy, an operation which is generally attended with complete success.

Treatment of Hernia.

You remember that in a former letter I referred to the treatment of hernia in general. For reducing strangulated hernia various remedies have been employed such as blood-letting, cold and warm baths, opium, fomentations, purging, poultices, the application of cold, the taxis, tobacco-enema, and kelotomy. The effect of tobacco administered under the form of an infusion, is to prostrate the system, excite the action of the intestines, and relax the abdominal muscles. As soon as these ends are accomplished, it often happens that a slight effort succeeds in overcoming the stricture and in restoring the parts to the abdomen. Dr. GUYTON, formerly *interne* in the hospitals of Paris, has published on this subject an interesting work entitled Mémoire sur le Mécanisme de l'étranglement des hernies, et l'emploi du chloroforme pour leur réduction. He advocates the employment of chloroform during the operation of the taxis. By administering that anæsthetic not only you deliver the patient from all pain whatever resulting from the operation, but moreover you cause the abdominal muscles to relax and thus take away the greatest obstacle to the reduction of the hernia. The constriction at the neck of the tumor is, we know, the result of muscular contraction and most of the remedies just enumerated have been employed for overcoming this contraction. Chloroform is to be preferred to all other remedies, both on account of its easy application and its immediate and never failing effect.

Varicose Aneurism.

A late number of the *Gazette Hebdomodaire de Médicine et de Chirurgie*, contains a remarkable case of varicose aneurism, a disease in which a communication is established directly or indirectly between an artery and a vein, in consequence of a simultaneous wound in both vessels. This disease is comparatively rare and is generally met with at the head of the arm where it is usually produced by venesection. The observation I allude to refers to a young man who through carelessness wounded his thigh with a knife which transfixed the femoral artery and vein. Taken soon after to the hospital, a tumor began to form and gradually increased until it reached a large size with a strong pulsatory and at the same time, oscillatory or tremulous motion. There was also an unnatural distension of the whole thigh, the blood having infiltrated all the surrounding tissues. Moderate compression was resorted to in order to reduce the tumor, but notwithstanding the most careful treatment mortification soon came on, and resulted in the death of the patient.

Origin and Formation of Blood in Fish.

At a late sitting of the Academy of Sciences, M. LEREBOULLET read a paper on the origin and formation of blood in fish. The conclusions at which he arrived were that the particles of blood are originally spherical, very small and few in number, that they gradually increase in size, getting flatter and longer, and at the same time become more numerous; and that their nucleus is only formed secondarily.

Distribution of Prizes.

The distribution of prizes awarded to the scientific societies of France in the competition for 1864, took place a few days ago in the great amphitheatre of the Sorbonne, in the presence of a numerous assembly. M. DURUY, Minister of Public Instruction presided. The honorable minister opened the proceedings by an address in which he dwelt on the benefits accruing from the efforts of the scientific societies, and stated that the Emperor and the Government were highly gratified by the progress made by them in developing the intellectual and productive powers of France. The reports of the competition were then read, after which the secretaries of the sections announced the names of the successful candidates. In the section of medical science prizes were awarded to M. BILLET, of Dijon, for papers on optics; and M. FAVRE, of Marseilles, for his physico-chemical researches.

Spontaneous Generation.

MM. POUCHET, JOLY, and MUSSET, announce that, from the 15th of June next, they will be ready to repeat their experiments on spontaneous generation before the commission appointed to pronounce on the subject.

White Swelling.

White swelling, as is well known, is a disease characterized by a general swelling of the knee, the joint being most frequently attacked, deep-seated pain in the head of the tibia or about the centre of the joint, by emaciation of the thigh and leg, and by want of discoloration of the skin. The skin around the knee becomes very tense, is covered with varicose veins, has a shining aspect, and imparts, where felt, a sensation of heat. A considerable tumor gradually forms itself by a thickening of the soft parts, matter collects within the cavity of the joint, whence it is discharged by ulcerated openings and sinuses. The bones are rendered carious, and the patient, unless relieved, dies from constitutional irritation. In the treatment of this disease which

depends upon constitutional as well as local causes, and generally derives its origin from scrofula, caustic issues, kept open by savin cerate blisters, setons, and absolute rest of the affected part, have proved most useful. Saline and antimonial preparations, bark and vegetable tonics may be employed for removing the constitutional causes and sustaining the patient's strength. Care should be taken not to let out the matter formed within the joint, as such an operation has been found to aggravate the symptoms, and in some instances to produce alarming and fatal effects. In a paper addressed to the Academy of Sciences, Dr. Pecholier speaks in high terms of Scott's apparatus, which he thinks is too little known in France, notwithstanding the praiseworthy efforts of a few distinguished men. Convinced by experience of its great therapeutic value, Dr. Pecholier has endeavored to improve it, and thus succeeded in obtaining such unhoped-for results in cases of white swellings, that he does not hesitate to recommend it to his fellow physicians.

The first case he treated with it was that of a woman of forty, whose right knee was afflicted with a white swelling, dating from two years back. The diseased knee was eight centimetres (nearly three inches) larger in circumference than the other; a fistula had broken out under the rotula, the pain was dreadful, the patient could neither sit up nor sleep, she had no appetite, and a serious hectic fever had declared itself. Dr. Pecholier, on being called in, applied the following dressing, the limb being extended. Long linen compressers covered with a plaster composed of forty grammes of Neapolitan ointment, (one gramme is equal to twenty grains), twenty ditto of medicinal soap, and ten of extract of belladonna; over these compresses slips of diachylon plaster circularly arranged and enveloping the whole knee-joint; over this a thick and strong dextrined bandage, and lastly, a bandage rolled up from the leg to the thigh. For the space of eight months the dressing was renewed, at first once a week, then every twelfth day, and at length once a fortnight. A general treatment and regimen were prescribed, and soon a rapid diminution of the swelling became perceptible—the pain diminished, the appetite returned, sleeplessness disappeared, and with it every bad symptom—the patient could get up and walk, and at the end of the eighth month the knee which had suffered from the affection was of somewhat smaller dimension than the healthy one, and the only inconvenience felt by the patient is an incomplete anchylosis. This inconvenience, some degree of which is always perceptible, when the dressing has been worn long, may be partly removed by imparting a regular and moderate motion to the limb each time the dressing is taken off during the convalescence. I must add that even with the best treatment, cases are exceedingly rare of the disease being got rid of in preserving the motion of the joint. Anchylosis is almost sure to take place, and indeed, has been considered by eminent surgeons as the safeguard of the patient.

Effects of Absinthe Drinking.

Dr. March publishes an interesting article on the effects of the intoxicating drink called *absinthe*, a liquor made from the plant *artimesia absinthium*. Its effects are different from those of mere brandy, which does not cause the terrifying hallucination and prostration of the intellectual faculties that are the usual consequencee of the immoderate use of absinthe. Dr. March has therefore experimented upon the essence of absinthe and found it to possess poisonous qualities producing stupor, insensibility, and a sense of terror even upon animals. Absinthe, upon analysis, has been found to contain a very large quantity of resinous matters, of hydro-chlorate and sulphate of potash, sulphate and carbonate of lime, silica, alumina, oxide of iron, a free vegetable acid and a vegetable acid combined with potassa.

W. N. Côté.

DOMESTIC.

ANÆSTHESIA.

Dr. Charles T. Jackson *and his claim that he himself made this, the greatest discovery of modern times, and that, too, long in advance of all other competitors.*

Editor Med. and Surg. Reporter:—

In my last communication I took up and considered, in all its bearings, the bold assertion of this gentleman, that the protoxide of nitrogen or nitrous oxyd gas is incapable of producing any anæsthetic effect. Whether I succeeded in putting on an extinguisher on this assertion, is a matter which I must refer to the judgment of your readers. Let not any one, however, entertain for a moment the idea that the effort to which reference is had, exhausted the intrepidity of the learned Doctor. He claims, also, that he really discovered anæsthesia, and acquired a full knowledge of all its principles and elements several years in advance of experimentation by Wells, at Hartford, in December, 1844.

In the second chapter of his work, entitled "A Manual of Anæsthesia," he makes (as he supposes) by a few flourishes of his pen, an effectual disposition of all other competitors; he ante-dates, by a pretended discovery of his own, the claim of Wells to the extent of three or four years. In Chapter No. 1, he annihilated (if ink and paper can do it) the anæsthetic properties of the nitrous oxyd; but he obviously thought it expedient to "lay an anchor to the windward;" or, in other words, to provide for the emergency that would arise, should the nitrous oxyd turn out to be an available anæsthetic after all. He, therefore, in Chapter No. 2, entered upon the work of demonstrating that he (the learned Doctor) is the great "I am" of the scientific world; that to his puissance, and to that only, mankind are indebted for this wonderful discovery. The narrative is as interesting as any novel, and just about as substantial and true. "In the year 1837," he says,

"I discovered that ether vapor was superior to alcohol as a remedy for the strangling and toxical effects of chlorine gas, and it was used for that purpose in my laboratory from that time forth" (p. 16). "In the winter of 1841-2, I was employed in giving a few lectures before the Mechanics' Charitable Association, in Boston, and in my last lecture, which I think was in the month of February, I had occasion to show a number of experiments in illustration of the theory of volcanic eruptions, and for these experiments I prepared a large quantity of chlorine gas, collecting it in gallon-glass jars, over water. Just as one of these large jars was filled with pure chlorine, it overturned and broke, and in my endeavors to save the vessel I accidentally got my lungs full of chlorine gas, which nearly suffocated me, so that my life was in imminent danger." (p. 18.)

"The next morning my throat was severely inflamed and very painful, and I perceived a distinct flavor of chlorine in my breath, and my lungs were still much oppressed."

"I determined, therefore, to make a more thorough trial of ether vapor." * * * * "I had a large supply of perfectly pure washed sulphuric ether (oxyd of ethyle)." * * * * "Soaking my towel in ether, I placed it over my mouth and nose, so as to allow me to inhale the ether vapor mingled with air, and began to inhale the ether into my lungs." Dr. J. then goes on to describe the effect: "Irritability ceased; sense of coolness, followed by warmth; giddiness and exhilaration; numbness; swimming sensation, as if afloat in the air; soon fell into a dreamy state, and then became unconscious of all surrounding things." When he awoke the pain in his throat was gone, but his limbs were benumbed and nerves of sensation paralyzed; he experienced "thrilling along the spine," which was "not in any way disagreeable." "Little by little" he recovered sensation, but it was some time before it fully returned, and his "throat became really painful." (p. 19.)

The learned Doctor then arrives at the gist of the whole matter, which he sets forth as follows: "Reflecting on these phenomena, *the idea flashed into my mind*, that I had made the discovery I had for so long a time been in quest of—a means of rendering the nerves of sensation temporarily insensible so as to admit of the performance of a surgical operation on an individual without his suffering pain therefrom." (p. 19-20.) (This paragraph I quoted in my first communication, but it is repeated here so that your readers may have it before them in connection with what is to follow.)

Dr. J. then adverts to numerous instances in which he made known to sundry parties the sedative and alleviating effects of the vapor of sulphuric ether; but it is unnecessary to repeat the details. One sample will be sufficient to enable your readers to form an enlightened judgment of the whole. "From the year 1843 to 1846," (he says,) "Dr. WILLIAM F. CHANNING was an assistant in my laboratory, and during the winter of 1845, by the accidental inhalation of chlorine gas, came very near losing his life. I came in at the opportune moment, and at once administered the ether vapor to him very freely, so as to bring on temporary relief, though he suffered much for weeks afterward from the violence of the inflammatory action brought on by the chlorine. He describes the pain as being as severe as that from the surgeon's knife."

It is from such premises that the learned gentleman calls on the public to come at once to the conclusion, that he is the true author of modern anæsthesia. Upon this entire subject I submit the following remarks:

(1.) This second chapter the Doctor entitles "*Approach to and final discovery of Anæsthesia—The discovery intrusted to scientific friends.*" Here is an intimation that there was a party trusting, and parties trusted. Who was the former? "Intrusted, delivered in trust, committed to the hands or care of another in confidence that he will be faithful in discharging his duty."—(WEBSTER.) It seems that some being had concluded to confer a great benefaction on mankind, and to intrust the development not to the vulgar herd, not to a poor dentist, but "to scientific friends." Why "friends," in the plural number? Why not say at once, to that great friend of science, the learned Doctor CHARLES T. JACKSON? There is in this verbiage a plain intimation that it is a piece of presumption for any other than a scientific character to pretend to the authorship of such a discovery as anæsthesia. The idea of Dr. J. seems to be, that learned professors and doctors should have a complete monopoly of every discovery in science, or resulting therefrom; and yet the whole corps of scientific men, both in Europe and America, had the great fact on which this discovery is based (as I have already remarked) for near one-half century directly under their eyes, and yet they did not detect it. The truth is, that it was a matter of acute observation merely, and HORACE WELLS was the very man to do the work. JENNER was a physician, engaged in practice in a rural district. He discovered that persons engaged in the ordinary duty of the dairyman, contracted a slight complaint which shielded them at all times thereafter from the most loathsome of diseases, the small-pox, and thus detected the principle of vaccination, which he introduced into practice. He no doubt possessed high powers of investigation, judgment, perseverance, and very likely (as in the case of WELLS) great enthusiasm; but I never understood that he was in any proper sense a scientific character. When Sir HUMPHREY DAVY discovered the nitrous oxyd and ascertained its elements, and to some extent its effects on the human system, he did so in the exercise of the highest scientific powers known to men. As I have already said, he, in the course of his experiments, got a partial hold of anæsthesia, but it was reserved to HORACE WELLS to grasp it and drag it out. Do I in this cast any reproach on Sir HUMPHREY? Not at all. Do I elevate the latter to the exalted position occupied by the former in the history of science?

No, not at all. What I insist upon is, that there is no monopoly, no intrusting "to scientific friends," and to them only. The truth is, that observers with inventive, sagacious and (often) philosophical minds, are following all the while on the track of those whose avocation is science, and obtain from elements furnished by the latter results frequently useful, and sometimes magnificent. When, as in this case, the development deeply concerned our common humanity, when it has already relieved and is to relieve an amount of anguish of which it is impossible to form an adequate conception, and when its author in all the generosity of his impulsive nature immediately proclaimed the fact and sought from it not the slightest personal advantage, I will suffer no man (however respectable he may otherwise be) to put on airs, exclaiming, stand aside! you! a physician, pretend to have discovered anæsthesia! not at all; it was "intrusted to scientific friends!!" A man much more humble than was Horace Wells may, in the way indicated, make himself in every sense the benefactor of his race; and if he does so, is he not to be recognized as such?

(2.) But the learned Doctor tells us that "reflecting on these phenomena," (referring to his inhalation of the vapor of ether, in the winter of 1841-2, and the effects of such inhalation) "the idea flashed into my mind, I had made the discovery I had for so long a time been in quest of." It would seem that this "flash" was a long time in "flashing," for according to a passage which I have already quoted from his book (p. 16), he discovered, in 1837, that the vapor is superior to alcohol as a remedy for the strangling and toxical effects resulting from the inhalation of chlorine gas, and he adds, it was used for that purpose in his laboratory from that time forth. Yes! it was used for that purpose, and that only, on the memorable occasion in the winters of 1841-2, when the "flash" occurred. Why so delayed? Was there any thing peculiar or special on this last occasion? Is it true the Doctor says he made himself insensible? Was it not well known that the vapor of ether could make men drunk, or in other words, insensible. In this joint application for a patent, Jackson and Morton not only state, but swear, that "it is well known to chemists" that the vapor "of sulphuric ether when breathed or introduced into the lungs of an animal, has produced a peculiar effect on its nervous system, one which was supposed to be analogous to what is usually termed intoxication," meaning that this was known at the date of this application, and had long been known. According to the Doctor, this was all that occurred on the occasion named, viz., insensibility from intoxication; and how that could be provocative of a *flash* is more than I can understand. Besides, the learned Doctor should remember that there are all sorts of *flashes*, the *ignis fatuus*, for example, which sometimes lead men into very ridiculous positions.

(3.) Dr. Jackson claims that he verbally mentioned the fact from 1841-2 forward to sundry individuals whose names he gives. What did he mention? Was it anything more than that the vapor of ether when inhaled would alleviate pain, and even suspend it for a long time, a fact which was well known? Did he distinctly announce to any one in advance of the Wells discovery, that the nerves of sensation could be so completely paralyzed that the surgeon's knife could be introduced into any part of the system, even into the eye, the most sensitive of all the organs, without producing any pain? But nothing can be more unreliable than loose private conversation, often misrecollected, ante-dated, or perverted. In settling a question of this character, I understand that the scientific class in Europe attach little importance to this species of proof in adjusting the claims of competitors to the honor of a discovery.

(4.) However this may be, the fact that Dr. Jackson does not claim to have announced this most remarkable fact in any lecture or public discourse, to have written it down in any letter, to have carried it to be published in any scientific journal or in the newspapers, to have communicated it to any scientific body either in this country or in Europe, to have made any effort to introduce it into dentistry, or into any hospital in Boston or elsewhere, nor to have suggested it to the many accomplished surgeons whom he was meeting day by day in Boston, and occasionally in other parts of the country, is perfectly conclusive against him. Who can believe that a man possessed of such a passion for fame as he has ever manifested could have kept such a doubly interesting secret locked up in his breast for so many years. His whole deportment on and after Morton called on him, in September, 1846, for the purpose already explained, points to only one result. He would now have us believe that he then handed over to a man whom he has since with some justice characterized as a *mere* ignoramus, a trust of the last importance, a verification of his theory, and the ascertainment of the verity of his supposed discovery; and yet he did not even condescend to attend on the trial; and when Morton was admitted into the Massachusetts General Hospital, to wit, on the 16th day of October, 1846, to test the vapor in a capital operation, he (J.) did not condescend to be present, nor did he interest himself in the subject at all until some time in November, when, having arrived at the conclusion that there might be something in anæsthesia after all, he made the secret communication to a scientific body in Europe, on which I will comment directly. How forcibly does this conduct of Jackson confirm the truth of the statement which I have already quoted from Dr. Wells' pamphlet, as follows: Jackson and Morton "expressed themselves in disbelief that surgical operations could be performed without pain; both admitted that its *modus operandi* was entirely new to them;" and then he adds, "these are the individuals who now claim the discovery." Did Wells write down and publish the truth? Whatever others may do, those who knew him will not doubt.

(5.) By the 13th of November, 1846, Dr. Jackson

seems to have awoke to the importance of this subject, for he then dispatched a secret communication to be deposited in the archives of the Academy of Arts and Sciences, in Paris, and there to remain unopened till he should give further direction on the subject. I have quoted this paper verbatim in my first article, and therefore it need not be inserted here *in extenso*. It is sufficient to say, he states, that "five or six years ago he noticed the peculiar state of insensibility into which the nervous system is thrown by the inhalation of the vapor of pure sulphuric ether which he respired abundantly, first by way of experiment, and afterward when he had a severe catarrh caused by the inhalation of chlorine gas." He had "latterly made a useful applicatfon of this fact by persuading a dentist of this city to administer the vapor of ether to his patients when about to undergo the operation of the extraction of teeth. It was observed that persons suffered no pain in the operation, and that no inconvenience resulted from the administration of the vapor." Now the learned gentleman does not pretend to have noticed anything anterior to the 30th of September, 1846 (when MORTON extracted FROST'S tooth), except the sedative effect, or (if you please) "the peculiar state of insensibility" produced by the inhalation of the vapor. He had performed no anæsthetic experiments, none on himself, none on others, and made no useful application until "latterly." Ah! that word "latterly" ties the learned gentleman up to one inexorable position. "I have latterly persuaded a dentist of this city," *alias* WM. T. G. MORTON, "to administer," etc., etc. So that we have here a most formal and grave admission and statement that he had made no "useful application" of the peculiarity which he noticed five or six years anterior to the date of his communication, until we come down to the era of the extraction of FROST'S tooth—not a word about that remarkable *flash* that poured such a flood of light into his mind in the winters of 1841-2. Verily! those who would appropriate to themselves the discoveries of others, whether from love of fame or filthy lucre, by acts and practices such as I have occasion to comment on here, "should have long memories."

(6.) But what, learned Doctor, about that unhappy "conjunction" affair, upon which I took occasion to comment early in this examination? I then produced an extract from your assignment to WM. T. G. MORTON, of all your interest in this discovery, in the preamble of which you stated in the most formal and precise manner, that you, CHARLES T. JACKSON and WM. T. G. MORTON, had made the same "in conjunction" with each other; and I referred also to your and his joint application for letters patent, in which you both not only stated, but, in substance, swore to the same thing; and I thus showed how irretrievably he, the said MORTON, had committed himself in opposition to a claim which he has been urging with so much pertinacity for so many years, that he is the sole author of anæsthesia. But "conjunction" is a two-edged sword, and cuts up effectually not only MORTON'S pretension, but your own. It is admitted on all hands that MORTON made no discovery till the evening of the 30th of December, 1846, when he extracted Mr. FROST'S tooth. It is sheer impudence in him to pretend to any earlier date; and as you was his *conjunctor* (if I may be permitted to invent a word), how could you (solus) have made a discovery several years in advance of any action by him on the subject? As well might one of the *Siamese Twins* have pretended that he was born into the world a half dozen years before his mate!! No umbilical cord will bear any such strain as that!!

(7.) "What is yours to bestow, is not yours to reserve," is one of the maxims of SHAKSPEARE, a maxim which Dr. JACKSON has violated in a very marked degree, if we are to believe his own account of the matter. If he really ascertained the practicability of anæsthesia and possessed himself of all its essential elements in the winters of 1841-2, then he has laid himself open to the imputation of utter indifference to the sufferings of frail humanity. Not a finger did he lift to make his discovery practical, till MORTON called on him, in September, 1846, for information in respect to the nitrous oxyd; and when, as he would have us believe, he persuaded him to substitute therefor the vapor of sulphuric ether, as being more convenient and equally effective. How was it, in the mean time, with the vast multitude of men and women who were suffering in all parts of the civilized world the keenest distress under the application of the surgeon's knife, the optician's needle, and the dentist's forceps? Did the learned Doctor do anything for their relief? Did he rush into the arena with a magic wand to dissipate all this anguish? Did he condescend even to enter the Massachusetts General Hospital on such an errand of beneficence? He does not pretend that he did anything during the considerable period referred to, to bring out his supposed discovery, but remained dead or inert on the subject until his powers were in a slight degree stirred and awakened by the call of MORTON, and then his effort was of the humblest character—the mere substitution of one element for another, which had long been known to produce analogous effects on the human system.

In conclusion, I will only say that I would cherish something of that "charity which thinketh no evil—which rejoiceth not in iniquity, but rejoiceth in the truth." I cannot think of Dr. JACKSON "the evil" which his groundless pretensions evidently imply. Nor can I rejoice in the injustice, not to say iniquity, which he perpetrates by seeking to appropriate to himself honor and rewards which, in fact, belong to another. It is easy to see that a morbid love of fame has betrayed him into a false position, or rather a series of them. "Conjunction" with! and disjunction from! MORTON and oppugnation to WELLS! with such vagaries and extravagances as denying the anæsthetic power of the nitrous oxyd, and antedating his own action on the subject several years, so as to supercede WELLS! All this is truly pitiable,

in which I cannot rejoice; but I do rejoice in the great fact every day becoming more and more evident that Horace Wells was the true author of anæsthesia.

A Lover of Truth and Justice.

Anæsthesia.

Editor Medical and Surgical Reporter:

I have read your articles, remarks, criticisms, and correspondence, upon the anæsthetic question. I have some light to throw upon this subject. During the winter of 1843 and '44, I attended the medical lectures of the Harvard Medical College, which were then delivered in the old college building in Mason street. During that course of lectures Prof. John C. Warren, M.D., at the close of one of his lectures on Surgery, stated to the class that there was a gentleman in the room below, a Mr. Wells, from Hartford, Connecticut, who thought he had made a discovery which would prevent pain in surgical operations, Dr. Warren added, it will be a vast good to suffering humanity if it should prove true. He invited the class to meet Mr. Wells in the lower room. I with others, went into that room and was there introduced to Horace Wells, of Hartford.

Mr. Wells stated that he had made a discovery which would prevent all pain in the extraction of teeth, and, he thought, in all surgical operations. As a class, we were all much interested. Mr. Wells proceeded to make his experiments, which did not perfectly succeed, though they did in part. He stated that he had succeeded in many cases in producing such a degree of anæsthesia that he had extracted teeth when no pain was felt, and that he could do it again though he had not succeeded perfectly on this occasion. I had no doubt that he told the truth, but, either from the badness of the gas or from some other cause, he did not fully succeed. I was told by some of the class, however, that in the evening of the same day, he did succeed in another place.

From these facts, I never had a doubt that the discovery of the anæsthetic properties of sulphuric ether belonged to Horace Wells. It will be recollected that this was in 1844, and that Morton did nothing about the matter till September, 1846, nearly two years later.

It is not strange that being deprived of the just honor of this discovery, Mr. Wells, with his peculiar nervous idiosyncrasy should have sunk under it. As his widow is still living, it is but just that she should reap the reward of his discovery. You and your correspondents, therefore, are engaged in the promotion of justice in setting this matter right, both in the eyes of the scientific world and of the nation from which a pecuniary reward has been claimed. "Let *justice* be done though the heavens fall," and Jackson and Morton fail to get money from this discovery.

Yours, &c.,

Wm. M. Cornell, M. D.

South Penn Square, *Philada., April*, 1864.

News and Miscellany.

Scanzoni on Chronic Metritis.

This eminent physician has lately published a work on this subject, and dedicated to the Obstetrical Society of London. The author considers that one of the causes is *acute* metritis, the latter being due, among other causes, to excessive sexual intercourse. On this head Scanzoni finds great fault with the custom now prevalent in Germany, and imported from England, of traveling immediately after the wedding. He considers that Bennet, in England, and Becquerel, in France, are wrong in their views as to the pathology of chronic metritis, when these authors ascribe the developement of different uterine affections to ulceration of the cervix uteri. Scanzoni is by no means satisfied with the uterine sound; he warmly condemns its abuse, and considers the case very rare in which its use, in a diagnostic point of view, is indispensable.—*London Lancet.*

Preservation of Gum and Starch Paste.

It is stated, in the *American Journal of Pharmacy*, by John M. Maisch, that the fermentation of paste made of gum tragicanth and gum arabic, used by apothecaries and others, is prevented by the addition of creosote, which is to be added to the paste recently made, until its odor is faintly apparent. It may then be kept for months unimpaired. He states that oil of cloves, alum, and other essential oils and salts, which are frequently used to counteract a tendency to decomposition, are but partially successful. Acting by covering the offensive odor developed, and incompletely retarding fermentation.

For Whooping Cough.

M. Garraway, in the London *Lancet*, lauds the use of Belladonna and sulphate of zinc in whooping cough. He gives the medicines in syrup, or in pills, one-sixth of a grain of the extract of belladonna with one-half a grain sulphate of zinc three times a day, to a child five or six years old, steadily increasing the amount till, at the end of three weeks, the patient shall take four to six grains belladonna, with twice as much sulphate of zinc, daily.—The leaves of the chestnut tree, in infusion, were announced, two years ago, in New York, as a powerful remedy for the same disease, and for other spasmodic coughs. But we believe they are already forgotten.

Disease on the Panama Steamers.

An unusual amount of serious sickness has occurred lately on the Panama steamers arriving at this port. The typhoid tendency prevails. From the opposition boat "America," a large number of cases were landed, and also from the "Golden City," more recently. Cases of measles passing into spotted fever were brought to St. Mary's Hospital from the latter. These ships were overcrowded to a criminal extent. The passage from New York to California is decidedly hazardous, at present, under these circumstances.

Mortality among Hospital Physicians.

Five members of the resident medical staff of Bellevue Hospital, City of New York, have paid the forfeit of their lives, and ten more have barely escaped death, since the 1st of May last, from fever, contracted in the discharge of their duties to the patients in that institution. The *Medical Times* charges the mischief to imperfect ventilation.

Cost of the British Pharmacopœa.

The *British Medical Journal* states that the cost of preparing the recent Pharmacopœa, was from thirty to thirty-five thousand dollars.

New Works.

Prof. AUSTIN FLINT is engaged in the preparation of a new work on the Principles and Practice of Medicine.

Army and Navy News.

Pay of Contract Nurses.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., *May* 3, 1864.

[Circular Letter.]

In future the retention of $2.00 from the monthly pay of Contract Nurses will be discontinued, and the pay proper, $13.00, will be given each month.

The total retained pay that may be due these nurses will be stated upon the first muster roll made after the receipt of this order, and will be paid by Medical Purveyors upon the duplicate certificate of Medical Officers in charge of hospital, which will be a sufficient voucher.

By order of the Surgeon-General.

Very respectfully, your obedient servant,

C. H. CRANE, Surgeon, U. S. A.

Appointments.

Rev. W. G. Leonard, of Maryland, to be Hospital Chaplain, U. S. Army, at Point Lookout, Md.

Discharges, Dismissals, &c.

Ass't Surgeon L. W. Baker, 17th U. S. Colored Troops, honorably discharged on tender of his resignation, and on recommendation of his superior officers.

Hospital Steward Alfred C. Pettitt, U. S. A., honorably discharged at his own request.

Surgeon H. J. Maynard, 1st Arkansas Cavalry, dismissed for absence without leave.

Ass't Surgeon Matthew T. Locke, 4th Tenn. Vols., dismissed, having failed to appear before a military commission to account for his absence without leave.

Surgeon G. S. Osborne, 5th Mass. Cavalry, honorably discharged, at request of Governor of Massachusetts, on tender of his resignation.

Surgeon Adolf Majer, U. S. V., dismissed for disobedience of orders.

Surgeon Hall Curtis, 2d Mass. Heavy Artillery, honorably discharged, having tendered his resignation on account of physical disability.

Resigned.

Surgeon J. C. Dorr, U. S. V., May 14, 1864.
Surgeon J. G. F. Holston, U. S. V., May 6, 1864.
Surgeon J. T. Carpenter, U. S. V., May 15, 1864.
Chaplain W. J. Potter, U. S. A., May 10, 1864.

Leaves of Absence.

2d Lieut. E. Crosby, 113th Co. Veteran Reserve Corps, for thirty days.

Ass't Surgeon W. S. Woods, U. S. V., for twenty days on account of ill health.

Surgeon A. Chapel, U. S. V., for two days.

Chaplain A. G. Thomas, U. S. A., for twenty days.

Surgeon D. B. Sturgeon, U. S. V., now on leave, twenty days extension.

Surgeon J. Leander Bishop, 7th Penns. Reserve Corps, for ninety days from June 15, 1864, to assist Mr. C. G. Kennedy, Superintendent of the Census, in preparing the forthcoming Report on Manufactures, provided his regiment is in service and that his Medical Director can spare him.

Surgeon C. B. White, U. S. V., now on leave, twenty days extension.

Orders.

Surgeon A. M. Clark, U. S. V., is relieved from duty with the Commissary General of Prisoners, and will report to the Commanding General, Department of Virginia and North Carolina, for duty.

Surgeon C. F. H. Campbell, U. S. V., is relieved from duty in the Department of Virginia and North Carolina, and will report to the Commanding General, Department of Missouri, for duty.

Surgeon C. T. Alexander, U. S. A., is relieved from duty in the Department of Missouri, and will report to Colonel William Hoffman, Commissary General of Prisoners, for duty.

Lieut.-Colonel S. H. Lathrop, Ass't Inspector-General, 22d Army Corps, is relieved from duty as President, Hospital Examining Board, convened by Special Orders, No. 414, series of 1863, from the War Department.

Assignments.

Ass't Surgeon J. W. Applegate, U. S. V., as Surgeon in charge, General Hospital No. 2, Beaufort, S. C.

Surgeon William Hayes, U. S. V., as Acting Medical Inspector, Forces in the Field, Department of West Virginia.

Surgeon John W. Foye, U. S. V., as Acting Medical Director, 20th Corps, Army of the Cumberland.

Surgeon G. F. French, U. S. V., as Surgeon in charge, General Field Hospital, Huntsville, Alabama.

Ass't Surgeon P. C. Davis, U. S. A., as Treasurer, Officers' Hospital, Georgetown, D. C.

Acting Ass't Surgeon J. G. Coates, U. S. A., to McKim's Mansion Hospital, Baltimore, Md.

Acting Ass't Surgeon F. A. Seymour, U. S. A., to General Hospital, Jeffersonville, Indiana.

Surgeon Joshua Owen, U. S. V., to the Depot for wounded, Fredericksburg, Va.

Acting Ass't Surgeon W. H. Wey, U. S. A., to Clay General Hospital, Louisville, Ky.

Acting Ass't Surgeon J. H. Stockdell, U. S. A., to General Hospital, Lexington, Ky.

Surgeon R. R. Taylor, U. S. V., to General Hospital No. 8, Nashville, Tenn., as Surgeon in charge.

Surgeon J. M. Leete, U. S. V., as Surgeon in Chief, 1st Infantry Division, Forces of West Virginia.

Surgeon E. W. Thurm, U. S. V., as Surgeon in Chief, 4th Division, 20th Corps, Army of the Cumberland.

Surgeon J. R. Ludlow, U. S. V., to Hospital duty at Nashville, Tenn.

Surgeon J. J. Craven, U. S. V., as Medical Director, 10th Corps, Department of Virginia and North Carolina.

Surgeon J. T. Heard, U. S. V., as Medical Director, 4th Corps, Army of the Cumberland.

Surgeon G. R. Weeks, U. S. V., as Acting Medical Inspector, Department of Arkansas.

Surgeon P. Cleary, U. S. V., as Attending Surgeon, Garrison Artillery, Chattanooga, Tenn.

Surgeon F. Lloyd, U. S. V., as Surgeon in Chief, 3d Division, 14th Corps, Army of the Cumberland.

Ass't Surgeon W. W. Wythes, U. S. V., to duty in charge, General Hospital No. 4, Knoxville, Tenn.

Surgeon C. S. Frink, U. S. V., to the 23d Army Corps, Army of the Ohio.

Ass't Surgeon T. A. McGraw, U. S. V., to the General Hospital, Chattanooga, Tenn.

Surgeon B. Benst, U. S. V., to General Hospital, Corps d'Afrique, New Albany, Indiana.

Surgeon J. E. Herbst, U. S. V., as Surgeon in charge, Officers' Hospital and General Hospital No. 2, Nashville, Tennessee.

Surgeon J. J. DeLamater, U. S. V., to report at Head Quarters, Department of Virginia and North Carolina.

Surgeon N. P. Rice, U. S. V., as Surgeon in Chief, General West's Division, Department of Virginia and North Carolina.

Surgeon W. N. Smith, 47th New York Vols., as Surgeon in charge of Hospital Steamer "Monitor."

Surgeon J. M. Robinson, U. S. V., as Surgeon in Chief, General Max Weber's command, Harper's Ferry, Va.

Ass't Surgeon F. Wolf, U. S. V., to Artillery Brigade, 2d Corps, Army of the Potomac.

Ass't Surgeon A. Van Cleef, U. S. V., to 1st U. S. Cavalry, Army of the Potomac.

Surgeon R. D. Lynde, U. S. V., to 3d Division, 4th Corps, Army of the Cumberland.

Surgeon A. M. Wilder, U. S. V., as Medical Director, Cavalry Corps, Army of the Ohio.

Ass't Surgeon J. A. Freeman, U. S. V., to General Hospital, No. 8, Nashville, Tenn.

Surgeon Wm. Grinsted, U. S. V., as Surgeon in Chief, 3d Division, 20th Corps, Army of the Cumberland.

Acting Ass't Surgeon J. Bradley, U. S. A., as Surgeon in charge, General Hospital No. 16, Jeffersonville, Ind.

Acting Ass't Surgeon J. J. Kincaid, U. S. A., to Jefferson General Hospital, Jeffersonville, Indiana.

Surgeon S. S. Fuller, U. S. V., as Examining Surgeon of men transferred to the Veteran Reserve Corps, Nashville, Tenn.

Ass't Surgeon H. L. W. Burrit, U. S. V., as Medical Inspector, 23d Corps, Army of the Ohio.

Surgeon E. Shippen, U. S. V., as Medical Director, 23d Corps, Army of the Ohio.

Surgeon Josiah Curtis, U. S. V., as Ass't Medical Director, Department of the Ohio, at Knoxville, Tenn.

Surgeon A. C. Benedict, U. S. V., as Surgeon in Chief, 2d Division, 10th Corps, Department of Virginia and North Carolina.

Miscellaneous.

The appointment and muster into service of Alfred Keiser, as Ass't Surgeon, 124th Indiana Vols., have been revoked, it having appeared from examination by a Medical Board, that he was unfit for duty when mustered in, and there being no evidence of service.

The Provost Marshal General is authorized to send Surgeon J. H. Baxter, U. S. V., upon tours of inspection in the different States where the draft is or may be ordered.

Ass't Surgeon C. C. Topliff, 19th U. S. Colored Troops, has been relieved from duty at McKim's Mansion Hospital, Baltimore, Md., and ordered to his regiment.

Surgeon E. McDonnell, U. S. V., has relieved Surgeon C. W. Jones, U. S. V., in charge of the University General Hospital, Baltimore, Md.

So much of Special Orders 478, series of 1863, from the War Department, as dishonorably dismissed Hospital Chaplain C. H. Powell, U. S. A., has been revoked, and he is honorably discharged.

So much of Special Orders, No. 147, current series from the War Department, as honorably discharged Ass't Surgeon Gerhard Saal, U. S. V., has been revoked, and he will report to the Surgeon-General, U. S. A., for assignment to duty.

So much of Special Orders, No. 429, series of 1863, from the War Department, as dismissed Surgeon J. Owen, U. S. V., has been revoked, and he will report to the Surgeon-General for orders.

Surgeon F. Greene, U. S. V., has reported for orders at Louisville, Ky.

Surgeon G. S. Palmer, U. S. V., is sick at the Massachusetts General Hospital, Boston, Mass.

"The Battle."

Large Depots and Field Hospitals for the wounded have been established at Belle Plain and Fredericksburg, Va Those at Fredericksburg, are in charge of Surgeon E. B. Dalton, U. S. V., and at Belle Plain, in charge of Lieut.-Colonel J. M. Cuyler, Medical Inspector, U. S. Army. Previous to and awaiting the battle, extensive preparations were made for the reception, care and comfort of the wounded, so that in Washington, Baltimore, Philadelphia and New York, a vacant bed is ready for every wounded man. Of course a large number of severe cases must remain in Virginia until they are able to travel. They are arriving rapidly at Washington. All skulkers are sent back to the front. Immediately upon receipt of the intelligence of the locality of the wounded, immense supplies were forwarded with a large number of Army Surgeons, cooks and nurses. In addition to these, Acting Surgeon-General J. K. Barnes, has also granted up to noon, May 14th, passes to seventy-one volunteer citizen physicians who offered their services, and to (378) three hundred and seventy-eight nurses, also volunteers. The names of the physicians are appended, in many cases their full names are not known.

From New York—Drs. Vanderpool, Seymour, Seimans, Detmold, Hamilton, Gudon Buck, Stephen Smith, Finnell, H. B. Sands, Wolcott, Walser, E. Harris, E. Mead, Goodale, E. W. Abbott, J. M. Carnochan, J. R. Wood, Markoe, Donoghue, Alcot, E. Vondersmith, Booth, T. G. Barton, Johnson and Krackowiser—25.

From Vermont—Dr. Woodward—1.

From Massachusetts—Drs. Ordway, Page, Treadwell, Bigelow, J. B. Taylor, A. H. Blanchard, F. Winsor, A. Coolidge, Alfred Hitchcock, J. C. Harris, M. C. Greene, A. Millett, W. D. Lamb, F. Leland, R. T. B. Goodwin, O. O. Davis, and E. B. Pierson—17.

From Pennsylvania—Drs. Coffey, Mowry, McCook, Hodge, Child, McKennan, H. F. Martin, Joseph Rowland, D. N. Rankin, D. D. Kennedy, J. E. Schaeffer, J. K. Van Kirk, James King, Wallace, Hunter, Harris, St. Clair, Reed, Savery, Blood, Cook, Elliria, and Brackett—23.

From District Columbia—Drs. Henry Von Tagen and Charles Mason—2.

From New Jersey—Drs. Corson and Hodge—2.

From Indiana—Dr. Clippinger—1.

A number of Miss Dix's nurses have also gone to Fredericksburg, and it is confidently expected that with the means so promptly prepared and forwarded, there will be no needless suffering amongst our gallant heroes.

ANSWERS TO CORRESPONDENTS.

☞ Correspondents will please bear in mind that it is just now exceedingly difficult to get some kinds of work done, and much delay is sometimes caused thereby in filling orders. *Everything is at maximum prices.* Many books are out of print, and publishers are not issuing many new works or editions. Foreign books had better not be ordered.

Dr. Z. B., Ohio.—Copies of Barclay's Diagnosis, Bedford on Women and Children, Slade on Diphtheria, and How to Nurse Sick Children, were mailed 9th inst.

METEOROLOGY.

May	9,	10,	11,	12,	13,	14,	15.
Wind.....	S.	S.	N. E.	N. E.	N. E.	S. E.	E.
Weather ...	Clear, Sh'er, Th'dr, Li'ng.	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy, Rain.	Cl'dy.
Depth Rain...	1–10					1 4–10	3–10
Thermometer							
Minimum.....	60°	59°	55°	49°	52°	58°	57°
At 8 A. M.....	75	71	63	57	64	63	61
At 12 M.....	81	83	71	68	71	67	64
At 3 P. M.....	83	84	71	69	72	67	68
Mean.....	74.3	74.1	65.0	60.3	64.3	63.3	62.2
Barometer.							
At 12 M.....	29.9	29.7	29.8	29.9	29.9	29.9	30.0

Germantown, Pa. B. J. Leedom.

MORTALITY.

	Philadelphia. Week ending May 14.	New York. Week ending May 16.	Baltimore. Week ending May 17.	Boston. Week ending May 14.	Providence. Month of April.
Popl'n, (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male.....	180	266	55	33	50
Female.....	164	217	53	32	47
Adults.....	143	238	50	31	58
Under 15 years.....	187	210	55	27	38
Under 2 years.....	109	144	30	20*	22
Total.....	182	483	108	65	97
Deaths in 100,000...	29.35	48.30	45.00	36.11	186.55
American.....	275	318	...	47	52
Foreign.....	57	165	...	18	45
Negro.....	24	15	27	2	5
Zymotic Diseases.					
Cholera, Asiatic....	...	...	...	...	...
Cholera Infantum...	2	...	1	...	...
Cholera Morbus.....	...	1	...	...	...
Croup.....	14	14	3	...	6
Diarrhœa.....	3	12	...	1	1
Diphtheria.....	8	16	1	...	3
Dysentery.....	1	2	...	...	...
Erysipelas.....	5	4	...	1	...
Fever, Intermittent	...	...	1	...	...
Fever, Remittent...	...	...	...	...	...
Fever, Scarlet.....	7	24	6	4	6
Fever, Typhoid.....	11	8	1	...	...
Fever, Typhus.....	3	24	...	...	1
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	...	2	...	...	...
Influenza.....	...	...	...	...	...
Measles.....	2	9	11	2	...
Small Pox.....	3	6	6	7	...
Syphilis.....	...	...	...	...	1
Thrush.....	...	...	...	...	...
Sporadic Diseases					
Albuminuria.....	2	10	...	...	...
Apoplexy.....	3	5	...	...	3
Consumption.....	45	63	15	11	13
Convulsions.....	22	29	4	1	1
Dropsy.....	11	15	2	2	...
Gun-shot Wounds..	...	...	1	...	...
Intemperance.....	...	3	1	...	1
Marasmus.....	8	18	...	...	...
Pleurisy.....	...	...	...	...	...
Pneumonia.....	21	43	2	6	3
Puerperal Fever....	1	3	...	...	1
Scrofula.....	1	2	...	...	1
Violence and Acc'ts	10	24	3	4	4

* Under 5 years.

NOTICE.

American Medical Association.

The Fifteenth Annual Meeting of the "American Medical Association," will be held in the City of New York, commencing Tuesday, June 7th, 1864, at 10 o'clock, A. M

Proprietors of medical journals throughout the United States and their Territories are respectfully requested to insert the above notice in their issue.

Guido Furman, M. D.,
126 West 25th St., N. Y. Secretary.